

P20000011404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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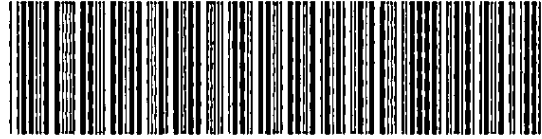
(Business Entity Name)

(Document Number)

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Amendment Section
Division of Corporations

F CORPORATION: 301 SAMPLE 2 AUTO REPAIRS INC

IDENTIFICATION NUMBER: P20000011404

Enclosed *Articles of Amendment* and fee are submitted for filing.

Return all correspondence concerning this matter to the following:

JEFFREY THOMAS

Name of Contact Person

J T BUSINESS SOLUTIONS INC

Firm/ Company

225 SE 15TH TERR

Address

DEERFIELD BEACH, FL 33441

City/ State and Zip Code

JEFFTAX@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

THOMAS at (954) 648-3840

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

Filing Fee	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

PLE 2 AUTO REPAIRS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

1404

(Document Number of Corporation (if known))

to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

Changing name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "P.A.," "professional association," or the abbreviation "P.A."

new principal office address, if applicable:
office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:
mailing address MAY BE A POST OFFICE BOX)

Changing the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____

(City) (Zip Code)

Registered Agent's Signature, if changing Registered Agent:
I accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Applicable:
This amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

[illegible]

10-01-2020
of each amendment(s) adoption: _____, if other than the document was signed.

date if applicable: _____
(no more than 90 days after amendment file date)

the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.

of Amendment(s) (CHECK ONE)

Amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.


Amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.

Amendment(s) was/were approved by the shareholders through voting groups. The following statement is separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

y _____
(voting group)

10-13-2020
Dated _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PABLO CUADROS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)